

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580055

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		21				
4		(1)1				
5		(1)1				
6		(1)1				
7		(1)1				
8	1		1			
9						
10		21				
11		21				
12		21				
13		21				
14		(1)1				
15	1		1			
16						
17						
18	1		1			
19						
20						
21	1		1			
22						
23		21				
24	1		1			
25						
26	1		1			
27						
28	1		1			
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)	1			
40	1		1			
41						
42						
43		(1)	1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	40	←	35	←		←
TOTAL CLAIMS	48		43			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

PTO-1346 (REV. 11/94)

U.S. DEPARTMENT OF COMMERCE  
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